


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>4</b>		
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.										
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>										
1. CONTRACT/PURCH ORDER NO. <b>SP0760-02-V-8272</b>			2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) <b>2002 FEB 07</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC01355000369</b>		5. PRIORITY	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PMMEBCD (614)692-7456 / FAX: (614)692-2475 E-mail: Pamela_Stevenson@dsccl.dla.mil</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DEFENSE SUPPLY CENTER COLUMB DSCC-MEABG PH 614-692-3916 BOX 16704 (TRANS 614-692-2175) COLUMBUS OH 43216-5010</b>			CODE <b>SC0700</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)
9. CONTRACTOR <b>M&amp;H INDUSTRIAL PARTS CORP 12003 SAXON ST. E INDIANAPOLIS IN 46229 Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>			CODE <b>0BN80</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>30 DAYS ADO</b>		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS							12. DISCOUNT TERMS <b>NET 30 days</b>			
							13. MAIL INVOICES TO <b>See Block 15</b>			
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>			CODE		15. PAYMENT WILL BE MADE BY <b>S33181 DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION P O BOX 182317 COLUMBUS OH 43218-6203</b>			CODE <b>S33181</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
16. TYPE OF ORDER			DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
PURCHASE			<input checked="" type="checkbox"/>		Reference your <b>offer dated 2002 JAN 25, CU3921</b> and furnish the following on terms specified herein.					
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 5CC0 001 26.0 S33150</b>										
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
	<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>				<b>TOTAL: 1</b>					
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA <b>Lois Barrett PMMAX96</b>			25. TOTAL <b>\$ 50.00</b>		
BY: 					TRACTING/ORDERING OFFICER			29. DIFFERENCE		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED					27. PAID BY			30. INITIALS		
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			33. AMOUNT VERIFIED CORRECT FOR		
36. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER					32. PAID BY			34. CHECK NUMBER		
								35. BILL OF LADING NO.		
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

## CONTINUATION SHEET

Order Number:

SP0760-02-V-8272

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## SECTION B

PR YPC01355000369  
NSN 4710-01-367-5002

ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL.  
CATERPILLAR INC

(11083) P/N 3N4164

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC01355000369	0001	1	EA	\$50.00000	\$50.00

QTY VARIANCE: PLUS 0% MINUS 0%  
INSP/ACCEP POINT: I/A/W FAST PAY PROCEDURES

PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2002 MAR 09

PARCEL POST ADDRESS:

N68539  
U S NAVY SUPPORT FACILITY  
DIEGO GARCIA  
PSC 466 BOX 39  
FPO AP 96595-0039

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) Q995161352H650 XXX  
RDD 02/02/2002 PROJ MP5 TP 2  
SUP ADD N68539 SIG J

CONTINUED ON NEXT PAGE

SECTION B

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

N68539  
U S NAVY SUPPORT FACILITY  
BLDG 711 246-370-4411  
DIEGO GARCIA  
BRITISH INDIAN OCEAN TERRITORY

FOR GOVERNMENT USE ONLY: IPD 05

DIC A41 DIST 9C ADV FC XP

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REMIT PAYMENT TO:

\* \* \* \* \*

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<p>THE AUTOMATED PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND AWARDS REVISION 8 FOUND ON THE DSCC WEB SITE AT <a href="http://dibbs.dscccols.com/refs/provclauses/">http://dibbs.dscccols.com/refs/provclauses/</a></p>			